

# 2017 Girlstart Summer Camp Waitlist Registration Form

Please complete this form to register your daughter for the Girlstart Summer Camp WAITLIST. This **form** can be submitted as soon as the desired summer camp is full. Please print all information carefully. **Incomplete forms will not be processed.**

We appreciate your understanding as online waitlist registration is not available. For questions, email [camps@girlstart.org](mailto:camps@girlstart.org) or call 512-916-4775 ext. 33. **Fax completed forms to 888-852-6481 OR Mail to:**

Girlstart Summer Camp  
1400 W. Anderson Lane  
Austin, Texas 78757

You will be notified by email as soon as a space for the requested date is available. You must pay the full balance for the camp within one week of the email notification to keep your space. After one week, your registration will be moved back to the waitlist. Camp fees include a **\$50 non-refundable** fee. **Refunds are given in the event of cancellations before May 26, 2017.** Camps that do not fill are subject to cancellation and full refund.

Full scholarships are available for girls based on need and financial hardship. If you would like to apply for a scholarship, please contact Girlstart at [camps@girlstart.org](mailto:camps@girlstart.org) or 512-916-4775 ext. 33.

\*\*\*\*\*Please follow STEPS 1- 4 to complete your registration\*\*\*\*\*

**STEP ONE: REGISTRATION INFORMATION** Please circle grade and camp date(s) you would like to register for:

**Girlstart Galaxy (4<sup>th</sup>-5<sup>th</sup> & 6<sup>th</sup>-8<sup>th</sup> graders)**  
June 5-9 OR June 12-16

**Girlstart & the Olympians (4<sup>th</sup>-5<sup>th</sup> graders)**  
June 19-23 OR June 26-30

**Game On! (6<sup>th</sup>-8<sup>th</sup> graders)**  
June 19-23 OR June 26-30

**Secrets of Super Girl (4<sup>th</sup>-5<sup>th</sup> graders)**  
July 10-14 OR July 17-21 OR July 24-28

**Jane of the Jungle (6<sup>th</sup>-8<sup>th</sup> graders)**  
July 10-14 OR July 17-21 OR July 24-28

**Camp Prices**  
The cost per camp is **\$325.00**  
Payment due when transferred off  
waitlist.

**Student First Name:** \_\_\_\_\_ **Student Last Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Grade during 2016-2017 school year:** 3 4 5 6 7

**School:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Please circle student's t-shirt size:** Youth Medium Adult Small Adult Medium Adult Large Adult XL

**Parent First Name:** \_\_\_\_\_ **Parent Last Name:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How did you hear about Summer Camp?** (please be specific) \_\_\_\_\_

**For reporting purposes, please indicate your student's ethnicity:** (optional)

\_\_\_ African American    \_\_\_ Asian American    \_\_\_ Caucasian  
\_\_\_ Latina/Hispanic    \_\_\_ Native American    \_\_\_ Other, please state \_\_\_\_\_

**Annual Household Income:**

\$0 - \$19,999	\$20 - \$39,999	\$40 - \$44,999
\$45 - \$50,999	\$51 - \$59,999	\$60 - \$89,999
\$90 - \$119,999	\$120 - \$149,999	\$150 + Decline to Respond

**Number of members in household** \_\_\_\_\_ **Circle one:** Single income household Two-income household

**Is your daughter receiving free or reduced lunch at school?** Yes No

**Highest Level of Parent Education:** Up to 8<sup>th</sup> grade Some High School High School Graduate  
Some College College Graduate Masters or PhD Degree

**Primary Language Spoken in your home:** English Spanish Other \_\_\_\_\_

# 2017 Girlstart Summer Camp Waitlist Registration Form

If neither the authorized persons designated below nor I can be contacted in the event of an emergency, I authorize the adults in charge at the Girlstart program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified Girlstart of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself.

(Please print the doctor's full name below.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent or Guardian)

All known food and/or drug allergies: \_\_\_\_\_

Any medical conditions or learning disabilities of which we should be aware: \_\_\_\_\_

*Please include any medical papers necessary in case of emergency.*

Any medications she will be taking while in our care: \_\_\_\_\_

*Non-prescription medication and prescription medication must be signed-in during camp.*

During the hours that Girlstart is in session, I, \_\_\_\_\_, can be reached at \_\_\_\_\_ (cell) or \_\_\_\_\_ (home). If I cannot be reached in the event of an emergency, the following adults are authorized to act on my behalf:

Name: \_\_\_\_\_ Relationship to girl: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## STEP TWO: PAYMENT DUE WHEN TRANSFERRED OFF WAITLIST TO CAMP

**STEP THREE: IMMUNIZATION RECORDS** All registration forms must be accompanied with a record of immunizations (including date of last tetanus shot) and a record of all allergies. ***If your daughter attended Girlstart Summer Camp in the past, immunization records must be resubmitted.***

## STEP FOUR: PERMISSION FORM

My daughter/ward, \_\_\_\_\_, has my permission to participate in the Girlstart Summer Camp in Austin, Texas.

I understand that as a part of Girlstart, my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed and agree to allow Girlstart to keep, as Girlstart's property, the products of such videotaping, audio taping, interviewing, and/or photographing and I agree that such material, along with my child's name, may be used, and posted on the Girlstart website, for promoting the Girlstart program and in any publicity generated by Girlstart. I also understand that my daughter/ward may be asked to do or participate in projects that may also be used by Girlstart for publication in a variety of forums including the Girlstart newsletter, website, and other publications, and that no compensation will be paid for such use.

I understand that by participating in Girlstart, my daughter/ward becomes part of a program/study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that Girlstart will only release the information in accordance with Girlstart policies and procedures.

I understand that participating in Girlstart allows my daughter/ward no special rights or expectations regarding Girlstart, including the right to sue any party involved in the implementation and execution of the Girlstart programs. I agree to hold harmless Girlstart, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree not to sue Girlstart, their agents and employees for any actions or causes of action, including the negligence of Girlstart arising out of participation in this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date